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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. Brian M. Kolkowski, Esq. ORBITAL RESEACH INC. 4415 EUCLID AVENUE CLEVELAND, OH 44103 (Depositor's name) (Signature) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR CONFIRMATION NO. ATTORNEY DOCKET NO. 10/091,669 03/05/2002 ORBITAL-009 TITLE OF INVENTION: REFRESHABLE BRAILLE DISPLAY SYSTEM WITH A FLEXIBLE SURFACE APPLN. TYPE **SMALL ENTITY ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES \$665 \$300 \$965 04/21/2004 nonprovisional **EXAMINER ART UNIT CLASS-SUBCLASS** 3712 434-113000 FERNSTROM, KURT 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Please check the appropriate assignee category or categories (will not be printed on the patent); government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ✓ Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee ☐ Advance Order - # of Copies M The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity) Docket No. (37 C.F.R. 1.311) **ORB-009** Applicant(s): Prince et al. Serial No. Filing Date Examiner **Group Art Unit** Confirmation No. 0/091,669 3/5/2002 **Kurt Fernstrom** 3712 RERRESHABLE BRAILLE DISPLAY WITH A FLEXIBLE SURFACE Mail Stop Issue Fee TO THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith are the following for the above-identified application. ☑ Issue Fee Transmittal Form PTOL-85 **Utility Fee:** Design Fee: ☐ Plant Fee: \$ 665.00 Publication Fee: \$300.00 A check in the amount of is attached. The Director is hereby authorized to charge and credit Deposit Account No. 502704 as described below. Charge the amount of \boxtimes Credit any overpayment. Charge any additional fee reguired Dated: 4/7/2004 CC: Certificate of Transmission by Facsimile This certificate may only be used if paying Certificate of Mailing by First Class Mail by deposit account. I certify that this document and authorization to charge I certify that this document and fee is being deposited deposit account is being facsimile transmitted to the United MPRIL 7, 2004 with the U.S. Postal Service as States Patent and Trademark Office (Fax No. first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Date Signature of Person Mailing Correspondence Signature Brian M. Kolkowski

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